



WASHINGTON STATE EMERGENCY MANAGEMENT DIVISION TRAINING APPLICATION

Washington Military Department
Emergency Management Division
Camp Murray, Washington 98430-5122

Fax: (253) 512-7206
<www.wa.gov/mil/wsem>

Name:	Position in Organization:
Name & Address of Organization Represented:	Work Phone:
	Work Fax:
	Work Email:
Mailing Address:	Home Phone:
	Home Fax:
	Home Email:
Social Security Number:	Male: Female:
<small>(Voluntary: used in training reporting system)</small>	

Course Name and Number:

Course Date:

Courses taken to meet prerequisite, including dates and locations:

I plan to commute each day: Yes No

Do you have any disabilities which require special consideration? If yes, please explain: Yes No

Signature of Participant: Signature of Local Emergency Management Director/Designee:

Date: Date:

For additional information on emergency management training, contact the Emergency Management Training coordinator at (253) 512-7048, fax (253) 512-7206, email: r.garrand@emd.wa.gov.

NOTE: Attendance at the Emergency Management Institute (EMI) requires completion of *FEMA Form 75-5*.

For Official Use Only

Approved:	Waiting List:	Prerequisite Met:	Withdraw:	No Show:
Attach: (if applicable)	Purchase Order #:	Check #:	Course Fee:	